

Just POLITICAL PARTY QUARTERLY REPORTING FORM

To be filed with:
 Charlie Daniels, Secretary of State
 State Capitol, Room 026
 Little Rock, AR 72201
 Phone (501) 682-5070
 Fax (501) 682-3408

For assistance in completing
 this form contact:
 Arkansas Ethics Commission
 Post Office Box 1917
 Little Rock, AR 72203
 Phone (501) 324-9600
 Toll Free (800) 422-7773

1. NAME OF POLITICAL PARTY <hr/> ADDRESS <hr/> CITY, STATE AND ZIP CODE	2. TYPE OF REPORT <input type="checkbox"/> First Quarter—due April 15 covers January 1 through March 31 <input type="checkbox"/> Second Quarter—due July 15 covers April 1 through June 30 <input type="checkbox"/> Third Quarter—due Oct 15 covers July 1 through September 30 <input type="checkbox"/> Fourth Quarter—due Jan 15 covers October 1 through December 31 3. IS THIS REPORT AN AMENDMENT? <div style="text-align: center;"> <input type="checkbox"/> YES <input type="checkbox"/> NO </div>
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SUMMARY	FOR REPORTING PERIOD
4. TOTAL CONTRIBUTIONS RECEIVED (enter total from line 15)	
5. TOTAL DISBURSEMENTS MADE (enter total from line 19)	
6. () NO ACTIVITY (check if political party has not received any contributions or made any disbursements during the reporting period)	

I certify under oath that I have examined this report and to the best of my knowledge and belief the information disclosed herein is complete, true, and accurate.

 Signature of Political Party Representative

State of Arkansas <div style="text-align: right;">} ss</div> County of _____ Subscribed and sworn before me this _____ day of _____, 20_____. <div style="text-align: center;"> _____ Signature of Notary Public </div> <div style="text-align: center; margin-top: 10px;"> (Legible Notary Seal) </div> My Commission Expires: _____ <p>Note: If faxed, notary seal must be legible (i.e., either stamped or raised and inked) and the original must follow within ten (10) days.</p>	
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The law provides for a maximum penalty of \$1,000 per violation and/or imprisonment for not more than one year for any person who knowingly or willfully fails to comply with the provisions of Ark. Code Ann. § 7-6-201 through § 7-6-225. This report constitutes a public record. This form has been approved by the Arkansas Ethics Commission.

7. CONTRIBUTORS OF MORE THAN \$50

Provide the Information Below with Respect to
Each Person Who Made a Contribution or Contributions
Which in the Aggregate Exceeded \$50 During the Calendar Quarter

Please Type or Print

Use Additional Copies of this Page if Necessary

Name of Contributor	Address of Contributor	Employer and Occupation of Contributor	Date of Contribution	Amount of Contribution

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CONTRIBUTORS OF MORE THAN \$50

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Name of Contributor	Address of Contributor	Employer <u>and</u> Occupation of Contributor	Date of Contribution	Amount of Contribution
8. TOTAL ITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
9. TOTAL UNITEMIZED MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
10. TOTAL MONETARY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				

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11. ITEMIZED NONMONEY CONTRIBUTIONS OF MORE THAN \$50 RECEIVED BY PARTY

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Date	Name and Address of Contributor	Employer and Occupation of Contributor	Description of Nonmoney Item	Value of Nonmoney Item
12. TOTAL ITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
13. TOTAL UNITEMIZED NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
14. TOTAL NONMONEY CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD				
15. TOTAL CONTRIBUTIONS RECEIVED DURING REPORTING PERIOD (includes totals from lines 10 and 14)				

IMPORTANT

In addition to monetary contributions, political parties are required to report the receipt of any nonmoney ("in-kind") contributions. A political party receives an in-kind contribution whenever a person provides it with an item or service without charge or for a charge that is less than the fair market value of the item or service in question. The value of an in-kind contribution is the difference between the fair market value and the amount charged.

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REVISED 07/03

16. ITEMIZED DISBURSEMENTS OF MORE THAN \$100

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[illegible]

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ITEMIZED DISBURSEMENTS OF MORE THAN \$100

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Name of Person To Whom Disbursement Made	Address of Recipient	Date	Amount of Disbursement
17. TOTAL ITEMIZED DISBURSEMENTS MADE DURING REPORTING PERIOD			
18. TOTAL UNITEMIZED DISBURSEMENTS MADE DURING REPORTING PERIOD			
19. TOTAL DISBURSEMENTS MADE DURING REPORTING PERIOD			